

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of: Bledsoe *et al.*

Application No.: 10/600,751

Confirmation No. 5089

Filed: June 20, 2003

Art Unit: 1656

Examiner: David J. Steadman

For: METHODS FOR IDENTIFYING GLUCOCORTICOID RECEPTOR  
MODULATORS (TITLE AS AMENDED)

Customer No.: 23347

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

This Amendment is in response to the Office Action dated September 20, 2005.  
Reconsideration is respectfully requested in view of the following amendments and  
remarks.

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** begin on page 3 of this paper.

**Remarks** begin on page 6 of this paper.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. PU4803US	
Applicant(s): Bledsoe et al.					
Application No. 10/600,751	Filing Date 6/20/03	Examiner David J. Steadman	Customer No. 23347	Group Art Unit 1656	Confirmation No. 5089
Invention: <b>METHODS FOR IDENTIFYING GLUCOCORTICOID RECEPTOR MODULATORS (Title as Amended)</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-1392 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
<i>Kathryn L. Coulter</i> _____ Signature			Dated: 6/30/2006		
Kathryn L. Coulter, Reg. No. 45,889 Attorney for Applicants GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398 Telephone: (919) 483-1467 Facsimile: (919) 483-7988			<div style="border: 1px solid black; padding: 5px;">             I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____              _____              (Date)              _____              Signature of Person Mailing Correspondence              _____              Typed or Printed Name of Person Mailing Correspondence           </div>		
CC:					